

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD
1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007
PHONE (602) 364-1PET (1738) FAX (602) 364-1039
VETBOARD.AZ.GOV

received
1/13/20

COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: Jan 13, 2020

Case Number: 20-61

A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: Brad Barnett, DVM

Premise Name: Prestige Animal Clinic (at the time)

Premise Address: 700 W Ray Rd

City: Gilbert State: AZ Zip Code: 85233

Telephone: (480) 792-0185

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: Robyn Scaggs

Address:

City: State: Zip Code:

Home Telephone: Cell Telephone:

*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

C. PATIENT INFORMATION (1):

Name: Jillian Scaggs
Breed/Species: Miniature Dachshund
Age: 14.5 Sex: F Color: Red Smooth

PATIENT INFORMATION (2):

Name: _____
Breed/Species: _____
Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.

Brad Barnett, DVM Chandler Gilbert Animal Hospital 3020 S Gilbert Rd #1,
Chandler, AZ 85286 (480) 895-5650

Mark Carter, DVM Prestige Animal Clinic, 700 W Ray Rd, Gilbert, AZ 85233 (480)
792-0185

Dr. Ashley Kerns, 3279 E Pecos Rd, Gilbert, AZ 85295 (480) 988-3660

E. WITNESS INFORMATION:

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

John Scaggs, ~~3279 E Pecos Rd, Gilbert, AZ 85295 (480) 988-3660~~

Any assisting and reception staff on the day of either/both procedures.

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: _____

Robyn Scaggs

Date: _____

1/13/2020

F. ALLEGATIONS and/or CONCERNS:

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

On 12/29/2017, we took our 12ish yr old, female dachshund, Jillian to Prestige Animal Clinic for a routine dental procedure. That Friday afternoon we picked Jill up from Prestige with notes on how many teeth were cleaned, extracted, etc. and meds. The bill was as expected and even detailed. It included 1 Dental Radiograph

The next morning was a Saturday and we woke up to Jill still having swelling on her left side of her head. We continued the medications. By Monday, 1/1/2018, Jill had a huge lump on the top of her head/behind her left eye. We spent the next 9 days going back and forth to Prestige (when it wasn't a holiday) and also spent some more \$\$\$\$. I will include pictures of Jill's ABCESS progression.

2018. I felt we needed to try a different doctor for Jill. Had records from Prestige sent to Arizona Animal Wellness Center in Gilbert. There was no record included in the transfer that referred to Jill's dental procedure in 12/2017 or the follow ups.

1/7/2020. Jill goes in for another dental at AAWC. During that dental, a root of a tooth was found that the previous dental procedure did not address. For 2 years, Jillian had an impacted root in her upper gums until a competent doctor performed her dental and read her radiographs correctly. In a sterile environment.

My issue is that 1. The dog developed an abscess from the dental procedure that was not sterile. 2. Incomplete and/or falsified records. 3. Left a painful root embedded for 2 years because the doctor did not read the radiographs or not correctly.

I want Dr. Barnett to acknowledge his mistakes and to be disciplined. The same for Dr. Carter for not following up, for charging me, and for not supervising Dr. Barnett. Barnett has since moved on to a different animal clinic. I do not want this to happen to anyone else. Dr. Barnett's work was incompetent and incomplete and he should take responsibility. Dr. Carter saw Jill at least 2 times in person, when the pussy infection was happening. He never acknowledged any connection with Jill coincidently developing a huge mass of pus behind her eye and the dental procedure. He never followed up. His decisions were just as harmful as the Dr that caused the dirty mess. Dr. Carter should acknowledge his responsibility also.

I have a stack of evidence to back up everything. Pictures, invoices, phone records, Jill's health records, and more. We had no idea that we had taken Jill to a negligent doctor who caused her pain for 2 entire years until a competent doctor found the root.

I am requesting all my money spent on this issue and more for future issues that the impacted root may have caused in the future.

Case Number 20-61

received
2/6/20 CR

"Jillian" Scaggs

To the Arizona State Veterinary Medical Examining Board Investigative Committee,

Please accept this as my personal account for the case in reference. Unfortunately, this case is over 2 years old and I am no longer employed by Prestige Animal Clinic, so I do not have access to the radiographic films and any scanned documents to be able to submit for consideration.

On December 23, 2017 Jillian (Jill) Scaggs presented for evaluation of dental disease. At that time, Jill was diagnosed with significant periodontal disease (grade 4/4) and was recommended for dental cleaning with extractions. Jill then presented on December 29, 2017 for the procedure. Preoperative blood work showed mild hemoconcentration, mildly elevated ALT, and hyperproteinemia/hyperglobulinemia, which was presumed to be related to the chronic periodontal disease. Once under anesthesia, significant decay was noted throughout the oral cavity and 16 teeth were extracted. Dental charting and dental radiography were performed at that time, but as previously mentioned, I was unable to obtain those records to submit with this letter, but they should have been scanned to the files. Due to the extent of decay, some extraction sites were left open to drain, as significant gingival recession was noted, and others were closed using 4-0 generic monocryl (sorbocryl). A little blood was noted in the endotracheal tube on extubation, but Jill recovered well from anesthesia and was discharged to owner care that afternoon with both a prescription for Clavamox 62.5mg tablets (10 days' worth, due to the previously mentioned blood) and Rimadyl for a week. On phone call follow-up the next day, O states that Jill was doing great and was back to normal activity.

3 days after that, Mrs. Scaggs called and stated that one of Jill's left eye had an elevated third eyelid, which progressed to swelling around the eye. Dr. Mark Carter fielded the call and prescribed clindamycin capsules. On January 4, 2018 Jill returned for evaluation of the left eye swelling. At this time, I no longer served any care to Jill, but I had been informed by Dr Carter that Jillian had developed what he thought of as a retrobulbar abscess, which he aspirated under sedation. From the notes that I was able to obtain, no other antibiotics were provided to Jill and she was discharged to owner care with an additional refill of Rimadyl. Another phone call follow-up on January 6, 2018 was made, and at that time owner stated that Jillian was doing great and no further discharge was noted. Shortly after this incident I was no longer employed at Prestige.

I hope that you find this statement helpful,

Dr. Brad Barnett





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INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: PM Investigative Committee: Adam Almaraz - Chair
Amrit Rai, DVM
Cameron Dow, DVM
William Hamilton
Brian Sidaway, DVM

STAFF MEMBERS PRESENT: Tracy A. Riendeau, CVT
Marc Harris, Assistant Attorney General

RE: Case: 20-61

Complainant(s): Robyn Skaggs

Respondent(s): Brad Barnett, DVM (License: 5016)

SUMMARY:

Complaint Received at Board Office: 1/13/20

Committee Discussion: 6/2/20

Board IIR: 7/15/20

APPLICABLE STATUTES AND RULES:

Laws as Amended July 2014

(Salmon); Rules as Revised

September 2013 (Yellow)

On December 29, 2017, "Jillian," a 12-year-old female Miniature Dachshund was presented to Respondent for a dental procedure. Multiple teeth were extracted; the dog recovered and was discharged later that day.

On January 2, 2018, the dog was presented to Respondent's associate for left eye swelling. Due to possible abscess, the dog was prescribed Clindamycin.

On January 4, 2018, the dog returned due to the swelling worsening. The dog was sedated for a fine needle aspirate; serosanguinous discharge was removed and the dog was discharged with Rimadyl and instructions to continue the antibiotics.

Complainant was noticed and appeared telephonically.

Respondent was noticed and appeared telephonically.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: Robyn Skaggs
- Respondent(s) narrative/medical record: Brad Barnett, DVM
- Consulting Veterinarian(s) narrative/medical records: Ashley Kerns, DVM -AAWL

PROPOSED 'FINDINGS of FACT':

1. On December 22, 2017, the dog was presented to Dr. Barnett for a dental consult. Complainant reported the dog had halitosis and trouble chewing. Upon exam, the dog had a weight = 14.75 pounds, a temperature = 101.9 degrees, a heart rate = 140bpm and a respiration rate = 30rpm; BCS 5/9. Dr. Barnett noted that the dog had dental calculus and gingivitis; the dog was sensitive to inspection of the left side of the mouth therefore a full exam was difficult. An estimate was provided to Complainant for a dental and extractions. She was advised that a quote for extractions could not be given until the dog's teeth had been probed and radiographed.

2. On December 29, 2017, the dog was presented to Dr. Barnett for a dental and extractions. Upon exam, the dog had a weight = 13.93 pounds, a temperature = 101.5 degrees, a heart rate = 140bpm and a respiration rate = 30rpm; BCS 5/9. Dr. Barnett noted significant dental calculus and gingivitis, lenticular sclerosis in both eyes, and there was a previous history of IVDD. Pre-surgical blood work was performed and the dog was deemed a surgical candidate.

3. An IV catheter was placed and Normosol-R was started; the dog was pre-medicated with hydromorphone and midazolam IM; induced with propofol IV; and maintained on isoflurane and oxygen. The dog was under anesthesia for 1 hour, 53 minutes. Dental radiographs were performed and the dog's teeth were scaled and polished. Bupivacaine was infused for a dental block – teeth 106, **107**, 109, 207, 209, 210, 301, 302, 303, 309, 310, 401, 402, 303, 409 and 410 were extracted. Some extraction sites required sutures.

4. After the procedure, the dog was administered Rimadyl SQ. While recovering the dog had a temperature = 97.8 degrees, a pulse rate = 110bpm and a respiration rate = 20rpm; fluid total = 54mLs. The dog was discharged later that day with Clavamox 62.5mg and Rimadyl 25mg.

5. On January 2, 2018, the dog was presented to Dr. Barnett's associate, Dr. Carter, due to left eye swelling. Upon exam, the dog had a weight = 13.8 pounds, a temperature = 101.6 degrees, a heart rate = 150bpm, and a respiration rate = 60rpm; BCS 3/5. Dr. Carter noted the dog had a swollen left eye that was almost completely swollen shut. He suspected a retrobulbar abscess and advised Complainant that radiographs were not efficient for viewing the skull and a CT scan would be preferable. Dr. Carter's differential diagnosis was abscess, neoplasia, and other. He recommended continuing Rimadyl and Clavamox; adding Clindamycin and monitoring the dog for continued swelling.

6. On January 4, 2018, the dog was presented to Dr. Carter for continued eye swelling. Upon exam, the dog had a weight = 14.18 pounds, a temperature = 100.8 degrees, a heart rate = 140bpm and a respiration rate = 30rpm; BCS 3/5. Dr. Carter noted that the swelling was worse and was starting to have some discharge. He recommended sedating the dog and performing a fine needle aspirate. An estimate was provided and Complainant approved.

7. The dog was administered dexdomitor and butorphanol IM. The needle was placed and when removed there was serosanguinous discharge was present. Dr. Carter clipped and cleaned the area and the exudate was drained. Unclear if a cytology was performed. The dog was reversed with Antisedan and was discharged later that day with a refill of Rimadyl,

instructions to continue the Clindamycin, and monitor for continued swelling.

8. On January 6, 2018, a follow up call to Complainant was made and Complainant reported that the dog was doing great and no oozing was occurring.

9. On January 7, 2020, the dog was presented to Dr. Kerns at Arizona Animal Wellness Center for a dental procedure. During the dental procedure, the dog was noted to have grade 2 periodontal disease based on radiographs and a root remnant of tooth 107 was also noted on radiographs and oral exam protruding from the gum tissue. Two teeth, 308 and 408, were extracted due to periodontal disease, as well as the retained root from tooth 107.

10. On January 20, 2020, the dog was presented to Dr. Kerns for a recheck. The dog's extraction sites had healed well and Complainant reported that the dog was doing well at home.

COMMITTEE DISCUSSION:

The Committee discussed that the pet was doing well for almost two years until the tooth root was identified. The pictures that were presented by Complainant are not indicative of retained tooth root swelling. The swelling was above the eye, not below the eye where you would commonly see swelling related to a tooth issue. Antibiotics resolved the issue.

If the tooth was causing an issue it would have likely have presented signs earlier as they can cause abscesses. In this case, the tooth root was quiet and appeared to be a coincidental finding.

The Committee commented that the medical records could have been better but did not feel it rose to the level of a violation.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that no violations of the *Veterinary Practice Act* occurred.

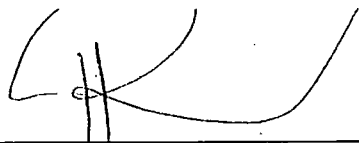
COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board:

Dismiss this issue with no violation.

Vote: The motion was approved with a vote of 5 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.

A handwritten signature in black ink, appearing to read 'TRACY A. RIENDEAU', is written over a horizontal line.

Tracy A. Riendeau, CVT
Investigative Division